

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	Effective Date: 03/01/2007
SUBJECT: Financial Management	SECTION: FM 1.4

SUBTITLE: Data Certification

POLICY:

It is the policy of CRSA to ensure that complete, accurate and timely reporting of encounter data occurs; encounter data is crucial to the success of the CRS program.

PROCEDURE:

- 1) CRS Regional Contractors submit claims and encounter information to ADHS/CRSA for program and financial management purposes.
- 2) CRS Regional Contractors shall submit encounter data to CRSA for all services for which the CRS Regional Contractor incurred a financial liability.
- 3) Paid claims should be reconciled to the encounters to ensure that all paid claims have been encountered to CRSA.
- 4) CRSA will receive e-mail notification from CRS/ITS indicating when a file has been submitted to AHCCCS. The following information is included in the e-mail:
 - a) Filename;
 - b) Dollar amount in the file;
 - c) Claim count;
 - d) File type (New Day Encounter, Pend Correction, or CRS Recipient Match/Capitation File).
- 5) CRSA designated staff will create and send an e-mail addressed to AHCCCS as follows (see Attachment A for required format and verbage):
 - a. The e-mail will be addressed to bba@ahcccs.state.az.us (AHCCCS e-mail address);
 - b. Appropriate CRS and ITS staff will be copied on the e-mail;
 - c. The subject line must follow the formatting precisely as defined by AHCCCS for filename, claim count, and dollar amount of the file (i.e., filename= PN22004.001zip count=124 total bill charges= 2,134.21);
 - d. The text of the e-mail must follow the format and verbage as defined by AHCCCS (see Attachment A), including mailing address, the filename with extension, the date, and an explanation of the data and certification of the data.

- e. The e-mail ends with a signature from the Administrator, CFO, or other delegated representative. The person signing should also print their title and name.

Approved:  CRSA Administrator	Date: <u>2/23/07</u>
The Primary Position of Responsibility for this policy is the Office for Children With Special Health Care Needs Users are encouraged to suggest improvements regarding this policy and procedure.	

CRS to AHCCCS Data Certification Process

Process Description
<p>CRSA will receive email from CRS/ITS indicating the file submitted to AHCCCS (sent to the same staff as previously identified)</p> <p>Included in the email will be the following information:</p> <ul style="list-style-type: none"> Filename Dollar amount in the file Claim count File type - New Day Encounter, Pend Correction, or CRS Recipient Match / Capitation File
<p>CRS/Admin designated staff will create and send email to AHCCCS as follows:</p> <p>To: bba@ahcccs.state.az.us (AHCCCS Email Address)</p> <p>Cc: appropriate CRS admin and ITS staff</p> <p>Subject line: will have filename, claim count, and dollar amount in the file</p> <p style="text-align: center;"><u>Example Subject Line:</u></p> <p>filename=PN22004.001.zip count=124 total bill charges=2,134.21</p> <p><u>Body of Email</u> will be as follows:</p> <p>Arizona Health Care Cost Containment System 701 E. Jefferson, Mail Drop 8500, Phoenix, Arizona 85034</p> <p>DATA CERTIFICATION FORM</p> <p>Arizona Department of Health Services – CRS 999111 PN22004.001.zip (filename with extension) Today's Date</p> <p>Health Plan/Program Contractor/ADHS/CRS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System administration (herein called "AHCCCSA") for services rendered by the undersigned Contractor, in machine-readable form, as specified by AHCCCSA.</p> <p>By this email, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA / Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.</p>

CEO/Administrator,
CFO or
Delegated Representative.

Title: [your title]
Name: [your name]